



Report of Zoonotic Disease in Animals

Disease: _____				Species: _____		Breed: _____	
Age: _____		Sex: _____		County where animal resides: _____			
Date of Diagnosis: _____		Diagnosis based on (circle):		Clinical Signs		Lab Findings	
If lab findings used, specify test and result: _____							
Was owner counseled about zoonotic disease risk (Circle one)? YES NO UNKNOWN							
Reporting Veterinarian: _____				Clinic Phone: _____			
Clinic Address: _____				City: _____		ZIP: _____	
Owner's Name: _____				Phone: _____			
Address: _____		City: _____		ZIP: _____			
Additional Information (Optional): 							
TDH Use Only 							
Date Completed: _____		ZCD Representative: _____				PHR# _____	
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Mail to:
Regional Veterinarian
or
Texas Department of Health
Zoonosis Control Division
1100 W. 49th Street, Austin TX 78756

OR

Fax to:
Regional Veterinarian
or
Zoonosis Control Division
(512) 458-7454